PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents

P.O. Box 1450 Alexandria, Virginia 22313-1450

or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as

indicated unless correcte maintenance fee notifica	ed below or directed oth	herwise in Block I, by (a				parate "FEE ADDRESS" for	
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block I for say change of address)				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.			
23122	7590 08/21	/2009	III.		cate of Transmiss	ion	
RATNERPRE P.O. BOX 980 VALLEY FORC			ele	I hereby certify that this Fee(s) Transmittal is being electronically transmitted to Mail Stop ISSUE FEE, USPTO, Alexandria, VA, on the date indicated below.			
	•			Kathleen P.	Carney	(Depositor's name)	
			 -	Vathleed D	Palaces	(Signature)	
			P	November 11.	2009	(Date)	
				HOVEHDEL II,	2007	(Date)	
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	. A	TTORNEY DOCKET NO.	CONFIRMATION NO.	
10/518,322 07/08/2005		Alon Shalev		SC&C-115US	6740		
TITLE OF INVENTION	: METHODS AND SYS	STEMS FOR MANAGEN	MENT OF ALZHEIMER'S	DISEASE			
APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FI	EE TOTAL FEE(S) DU	E DATE DUE	
nonprovisional	YES	\$755	\$300	\$0	± \$1055 15	11/23/2009	
EXAMINER		ART UNIT	CLASS-SUBCLASS]	\$ 1070		
MALAMUD, DEBORAH LESLIE		3766	607-045000				
Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.			2. For printing on the patent front page, list (1) the names of up to 1 registered patent attorneys or agents OR, alternatively, (2) the name of a significant part of the same of a registered attorneys or agent and the names of up to 2 listed, no name will be printed.				
☐ "Fcc Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.							
			THE PATENT (print or ty				
PLEASE NOTE: Un recordation as set fort	less an assignee is ident th in 37 CFR 3.11. Com	tified below, no assignee pletion of this form is NO	data will appear on the p of a substitute for filing an	atent. If an assignee assignment.	is identified below, the	document has been filed for	
(A) NAME OF ASSIGNEE			(B) RESIDENCE: (CITY and STATE OR COUNTRY)				
BRAINSGATE LTD.			CAESAREA, ISRAEL				
Please check the appropriate assignce category or categories (will not be printed on the patent): 🔲 Individual 🗹 Corporation or other private group entity 🔘 Government							
4a. The following fee(s)	are submitted:	4	b. Payment of Fee(s): (Ple	ase first reapply any	previously paid issue fe	e shown above)	
Issuc Fec			A check is enclosed.				
Publication Fee (No small entity discount permitted)			Payment by credit card.				
Advance Order - # of Copies			The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 18-0350 (enclose an extra copy of this form).				
5. Change in Entity Sta							
a. Applicant claim	ns SMALL ENTITY stat	us. Sec 37 CFR 1.27.			ENTITY status. See 37		
NOTE: The Issue Fee ar interest as shown by the	d Publication Fee (if rec records of the United St	uired) will not be accepte ates Patent and Trademar	ed from anyone other than k Office	the applicant; a registe	red attorney or agent; or	the assignee or other party in	
Authorized Signature		The			vember 11, 20		
Typed or printed name Jacques L. Etkowicz				41,738			
This collection of inform an application, Confider submitting the complete this form and/or suggest Box 1450, Alexandria, V Alexandria, Virginia 22.	nation is required by 37 datiality is governed by 33 dapplication form to the ions for reducing this but irginia 22313-1450. Do 313-1450.	CFR 1.311. The informati 5 U.S.C. 122 and 37 CFR ie USPTO. Time will var irden, should be sent to the O NOT SEND FEES OR	ion is required to obtain or 1.14. This collection is e- y depending upon the indi the Chief Information Offic COMPLETED FORMS 1	retain a benefit by the stimated to take 12 min vidual case. Any com- er, U.S. Patent and Tr O THIS ADDRESS. S	public which is to file (a nutes to complete, includements on the amount of ademark Office, U.S. De SEND TO: Commissione	and by the USPTO to process) ling gathering, preparing, and time you require to complete epartment of Commerce, P.O. or for Patents, P.O. Box 1450,	

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.